

**Form
PA-138**Wisconsin
Department of Revenue**Appeal Withdrawal****Mailing Address:**
Wisconsin Department of Revenue
State Board of Assessors
MS 6-97
PO Box 8971
Madison WI 53708-8971**Section 1: Who is filing this objection? (check one)**☐ Property owner/agent *☐ Municipality/agent ****If agent, written authorization must be on file****Section 2: Property Owner and Property Information**

Appeal no.	Assessment year	State ID no. (on notice)			
		Local parcel/account no.		From the drop down menu, select "P" for personal property or "R" for real estate	
Company or property owner name		Taxation district (Check one) Enter municipality →		County	
Mailing address		Street address of property			
City	State	Zip	City	State	Zip

Section 3: Contact Information

Name / title (owner, agent, officer)			Company name		
Mailing address			Phone () -	Fax () -	
City	State	Zip	Email		

Section 4: Objection Type

Check the box for the type of objection/appeal you are withdrawing.	For Department Use Only
Real Estate <input type="checkbox"/> Real estate assessment <input type="checkbox"/> Real estate filing penalty Assessed Value Total \$	BOA#
Personal Property <input type="checkbox"/> Personal property assessment <input type="checkbox"/> Personal property filing penalty Assessed Value Total \$	
Exempt Computers <input type="checkbox"/> Exempt computers Assessed Value Total \$	
Classification <input type="checkbox"/> Manufacturing classification	

I the undersigned:

- Certify that I filed the objection identified in Sections 2 and 4 requesting the assessment, filing penalty or classification be reviewed under state law (sec. 70.995(8)(c), Wis. Stats.), and do hereby withdraw my appeal and certify that the assessed valuation, filing penalty or classification as determined by the Wisconsin Department of Revenue be sustained. I understand that the filing fee is non-refundable.
- Declare under penalties of law that I have personally examined this form to the best of my knowledge and belief it is true, correct and complete

Owner / Authorized Agent Sign Here	Name (please print)	
	Signature	
	Company or title	Date - -